

RECEIVED

JUL 12 2018

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Netto V Brown

Plaintiff(s),

vs.

Case No.

Defendant(s).

1:18-cv-04838

Judge Thomas M. Durkin

Magistrate Judge Jeffrey T. Gilbert

COMPLAINT FOR VIOLATION OF CONSTITUTIONAL RIGHTS

This form complaint is designed to help you, as a pro se plaintiff, state your case in a clear manner. Please read the directions and the numbered paragraphs carefully. Some paragraphs may not apply to you. You may cross out paragraphs that do not apply to you. All references to "plaintiff" and "defendant" are stated in the singular but will apply to more than one plaintiff or defendant if that is the nature of the case.

1. This is a claim for violation of plaintiff's civil rights as protected by the Constitution and laws of the United States under 42 U.S.C. §§ 1983, 1985, and 1986.
2. The court has jurisdiction under 28 U.S.C. §§ 1343 and 1367.
3. Plaintiff's full name is Netto Vaughn Brown.

If there are additional plaintiffs, fill in the above information as to the first-named plaintiff and complete the information for each additional plaintiff on an extra sheet.

- _____.
7. Defendant officer or official acted pursuant to a custom or policy of defendant municipality, county or township, which custom or policy is the following: (***Leave blank if no custom or policy is alleged***): _____
- _____
- _____
- _____.
8. Plaintiff was charged with one or more crimes, specifically:
- _____
- _____
- _____
- _____
- _____
9. (***Place an X in the box that applies. If none applies, you may describe the criminal proceedings under "Other"***) The criminal proceedings
- ☐ are still pending.
- ☐ were terminated in favor of plaintiff in a manner indicating plaintiff was innocent.¹
- ☐ Plaintiff was found guilty of one or more charges because defendant deprived me of a fair trial as follows _____
- _____.
- ☐ Other: _____.

¹Examples of termination in favor of the plaintiff in a manner indicating plaintiff was innocent may include a judgment of not guilty, reversal of a conviction on direct appeal, expungement of the conviction, a voluntary dismissal (SOL) by the prosecutor, or a *nolle prosequi* order.

10. Plaintiff further alleges as follows: (Describe what happened that you believe supports your claims. To the extent possible, be specific as to your own actions and the actions of each defendant.)

Everytime am doing wats Right Then
 For some Reason that the police in
 Hoffman Estate pull me out of my car
 TEN Time for NO Reason, and its mostly
 as I get off work are Not Bothering
 NoBody when am sitting Not Driving
 pull out of my car Search 10 Times
 ILLEGAL for NO Reason. They Search my
 car and Just pull up on me as am trying
 to get some peace. They EVEN pull up on me
 at Hotel in Hoffman I got prove TEN time I was
 Search for Just sitting in my car 2017
 I ALSO Had GUNS Drawn on me THREE Time
 for NO Reason the last ONE I ALmost LOST

11. Defendant acted knowingly, intentionally, willfully and maliciously.

12. As a result of defendant's conduct, plaintiff was injured as follows:

White District Court I LOST two JOBS
 my Life Thots
 when I descise to

They Broke my Hand in 2007. ALOT more
 Whole Lot more I got Evidence This is
 Very Evil Thing that was DUN to my son.

13. Plaintiff asks that the case be tried by a jury. ☒ Yes ☐ No

14. Plaintiff also claims violation of rights that may be protected by the laws of Illinois, such as false arrest, assault, battery, false imprisonment, malicious prosecution, conspiracy, and/or any other claim that may be supported by the allegations of this complaint.

WHEREFORE, plaintiff asks for the following relief:

- A. Damages to compensate for all bodily harm, emotional harm, pain and suffering, loss of income, loss of enjoyment of life, property damage and any other injuries inflicted by defendant;
- B. ☒ (Place X in box if you are seeking punitive damages.) Punitive damages against the individual defendant; and
- C. Such injunctive, declaratory, or other relief as may be appropriate, including attorney's fees and reasonable expenses as authorized by 42 U.S.C. § 1988.

Plaintiff's signature: NETTO Brown

Plaintiff's name (print clearly or type): NETTO Brown

Plaintiff's mailing address: 2225 Hawthinton place

City HOFFMAN Estate State ILL ZIP 60169

Plaintiff's telephone number: (847)-840-4711

Plaintiff's email address (if you prefer to be contacted by email): _____

15. Plaintiff has previously filed a case in this district. ☐ Yes ☒ No

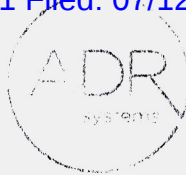
If yes, please list the cases below.

Any additional plaintiffs must sign the complaint and provide the same information as the first plaintiff. An additional signature page may be added.

Hit and Run going to work

Car it was Damage
Total The other driver kept
ON going did not stop
when I went to court my
case was death with like
I did something when I Almost
Lost my LIFE I did nothing
Wrong where is my Justice
~~My~~ Equal Right I Just
got Hit again going to
work May 2017 coming
Home again From work
I FEEL and know this
was ATTEMPT Murder on
my LIFE

2018 JUL 12 PM 1:16



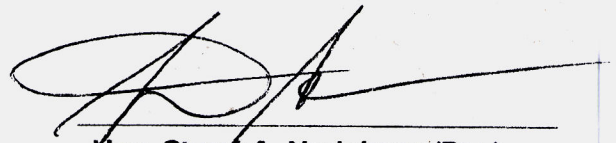
CONFIDENTIALITY AGREEMENT

In order to provide an environment that is conducive to candid settlement discussions, it is important that all participants, including the mediator, participate in a private and confidential Mediation. To facilitate settlement discussions, the undersigned, pursuant to the provisions of the Uniform Mediation Act, agree to the following:


- Any information provided to the mediator is privileged and confidential.
- All oral and written communications made in pre-mediation communications and during any and all mediation sessions, including post-mediation follow up, shall remain confidential, are exempt from discovery, are inadmissible as evidence, and shall not be disclosed by the participants or the mediator in any court of law or other proceeding.
- The mediator shall not be subject to administrative or judicial process requiring disclosure of any matters discussed, nor shall the mediator disclose any information obtained or notes or work product produced during the Mediation sessions.
- All Mediation participants acknowledge the following exceptions to the aforesaid: evidence that is otherwise admissible or subject to discovery does not become inadmissible or protected from discovery solely by reason of its use in a Mediation; an exception to this confidentiality agreement may be made by the mediator or an attorney for professional misconduct reporting requirements, to defend against a lawsuit or claim against the mediator or an attorney for malpractice or other misconduct, or in the case of threat of serious imminent harm to any person. In such circumstances the mediator or attorney may report only the necessary information to the appropriate authorities, and the mediator shall not be compelled to provide evidence of a Mediation communication in a lawsuit or claim against any attorney or party participating in the Mediation.


Case Name: Robert Brown v. University of Chicago Medical Center d/b/a Comer Children's Hospital


Date: 11/5/15


Hon. Stuart A. Nudelman (Ret.)
(Mediator)


Print Name


Signature


Print Name


Signature

Randall Lending

Print Name

Andrew T. Oppenheimer

Print Name

Nilsa Campos

Print Name

Anne Duprey

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Randall Lending

Signature

Andrew T. Oppenheimer

Signature

Nilsa Campos

Signature

Anne Duprey

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature



Contusion Discharge Instructions

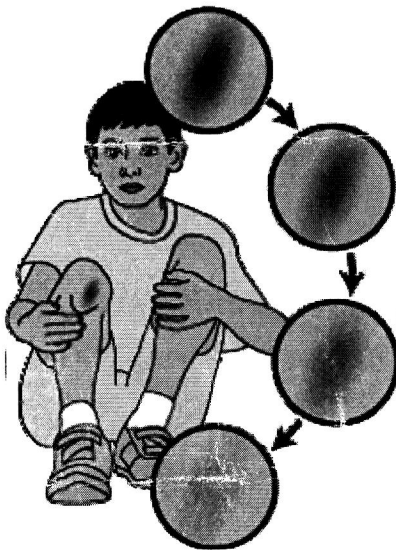
Printed on 2017-05-26

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

About this topic

A contusion is also called a bruise. If you have a minor accident, you may see an area of skin discoloration. Small blood vessels break and leak blood under the skin. A fall, bump, or being hit can cause a bruise.

How a Bruise Heals



~~late~~
when my hand
was broken they say it
was contusion

What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.
- Place an ice pack or a bag of frozen peas wrapped in a towel over the injured part. Never put ice right on the skin. You may place the ice pack over the area every 2 hours to help the area feel better. Do not leave the ice on for more than 10 to 15 minutes at a time.
- Rest the hurt body part on a couch or pillow above the level of your heart to lower swelling.
- Do not rub your contusion. This may make it hurt more when you touch it. It may also make the area of contusion bigger.

What follow-up care is needed?

Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.

What drugs may be needed?

The doctor may order drugs to:

- Help with pain and swelling

St Alexius Medical Center
1555 N. Barrington Rd
Hoffman Estates, IL 60169

Date: 05/26/17
Acct Num: F00053132247
Med Rec Num: F000466041
Name: NETTO V BROWN
Location: Emergency Depart
Primary Provider: SABIT, MOHAMMED H

Patient Visit Information

You were seen today for:

Contusion of right hand

Follow-up

BROWN, NETTO V has been referred to the following clinics/specialists for follow-up care:

MICHON, JOHN J, MD
1786 MOON LAKE BLVD, SUITE 212
HOFFMAN ESTATES, IL 60169
847-882-8034

Follow-Up Plan: 2 to 3 Days

or your ophthalmologist

PATEL, RAJ D, MD
800 E. WOODFIELD ROAD, SUITE 102
SCHAUMBURG, IL 60173
847-995-9500

Follow-Up Plan: 2 to 3 Days

New Prescriptions and Instructions from this Visit

1. Dextran70/Hypromellose[Artificial Tears EyeDrops]
2 drop ophthalmic twice daily #1 bottle
15 ml Drops
Refills:

1312371-5344

STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS

CHICAGO OFFICE
100 RANDOLPH STREET
SUITE 10-100 INTAKE UNIT
CHICAGO, ILLINOIS 60601
(312) 814-6200

SPRINGFIELD OFFICE
DEPARTMENT OF HUMAN RIGHTS
222 SOUTH COLLEGE, ROOM 101
SPRINGFIELD, ILLINOIS 62704
(217) 785-5100

CHARGE NO: 2017CP3281
Control # 18M0705.06

CHARGE OF DISCRIMINATION

I, Netto Brown , 2225 Harwinton Place, Hoffman Estates, Illinois 60169, (847) 840-4711, believe that I have been personally aggrieved by a civil rights violation committed on 5/31/17 and 6/1/17 by:

RESPONDENT

St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, Illinois 60169
(847) 843-2000
Cook

Went to this Hospital in
my community AND They Refuse to
Help me

The particulars of the alleged civil rights violation are as follows:

JDHR INTAKE JCA
JAN 2 '18 PM 1:57

[SEE ATTACHED]

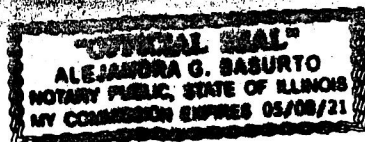
I, Netto Brown , on oath or affirmation state that I am the Complainant herein, that I have read the foregoing charge and know the contents thereof, and that the same is true and correct to the best of my knowledge.

NETTO VAUGHN BROWN
Complainant's Signature/Date

Subscribed and Sworn to

Before me this 2 day

Of December, 2017
Alejandra G. Basurto
NOTARY PUBLIC SIGNATURE



"return this copy"

HOFFMAN ESTATES POLICE DEPARTMENT

INTERNAL INVESTIGATIONS

COMPLAINT RECEIPT FORM

C. R. NO. _____ S.C. NO. _____ DATE 2-29-2018
COMPLAINANT _____ SEX Male RACE B DOB: 5-20-1979
ADDRESS 2225 Holtville CITY _____ STATE IL TX 847 840-4711

MANNER COMPLAINT TAKEN: IN PERSON _____ TELEPHONE _____ LETTER _____

COMPLAINT CATEGORY: _____

LOCATION OF INCIDENT: Bethington square DATE: _____ TIME _____

ACCUSED MEMBER OFFICER Hoffman
POLICE # _____

ISSUING OFFICER'S SIGNATURE: 2-29-2018 DATE 2-29-2018

COMPLAINANT'S SIGNATURE: NETTO Brown DATE _____

I was NOT DOING anything
He said by me Have my Lights on
my car Look suspicious I pay my associat
fee There

PREPARE IN DUPLICATE:

Original copy to complainant.
Copy to investigator's file.

HE-41

Li. Com. Brown
847 781-2807



CITY OF ELMHURST SUGGESTED FORM

FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: City of Elmhurst
Freedom of Information Officer
209 North York Street
Elmhurst, IL 60126

From: NETTO Brown
Name
2225 Hawthinton
Address
HOFFMAN Estate
City, State, Zip Code
847-840-4711
Telephone

Description of records requested:

ALL vehicle present Dashboard TIME 9:10 AM
INCLUDE COUGHLIN Badge 209 ALSO CHIEF White shirt
DANTAS ALL Report Documents

Are you asking for these records for commercial use/purposes? ☐ Yes ☒ No

(5 ILCS 140/3.1) (c) It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose if requested to do so by the public body.

Please indicate the format in which you would like the City to respond to your request, if applicable:

☐ Inspection Only ☒ Hard Copy ☐ Email: _____
☐ Fax: _____ ☐ Other Format: _____

Do you wish to have copies certified:

☒ Yes ☐ No

Do you request a reduction or waiver of fees:

☐ Yes ☒ No

For Office Use Only:

Date Received: 6/13/17 Due Date: 6/20/17 Response Date: 6/21/17

Responding Departments:

☐ Admin. ☐ Development ☐ Engineering ☐ Finance ☐ H.R. ☐ Museum ☒ Police

Notations: _____

Information Picked Up, Mailed and/or Otherwise Delivered On: 6/21/17 to BE
Director HP.

ILLINOIS WORKERS' COMPENSATION COMMISSION

AMENDED APPLICATION FOR ADJUSTMENT OF CLAIM (APPLICATION FOR BENEFITS)

ATTENTION. Please type or print. Answer all questions. File three copies of this form.

Workers' Compensation Act ☒ Occupational Diseases Act ☐ Fatal case? No ☒ Yes ☐ Date of death _____Netto Brown
Employee/PetitionerCase #
(Office use only)

15WC006227

v. GMAF, Inc. and State Treasurer and Exofficio Custodian of the Muskogee, OK
Employer/Respondent Injured Workers' Benefit Fund Location of accident or last exposure City, StateNetto Brown 2225 Harwinton Pl, Hoffman Estates, IL 60169
Injured employee's name¹ Street address, City, State, Zip code
GMAF Inc. 701 E. Irving Park Rd., Ste. 202, Roselle, IL 60172
Employer's name Street address, City, State, Zip codeEmployee information: State employee? Yes ☐ No ☒ Male ☒ Female ☐ Married ☐ Single ☒
#Dependents under age 18 0 Birthdate 5/20/79 Average weekly wage \$ 1,000.00Date of accident² 12/17/14 The employer was notified of the accident orally ☒ in writing ☐How did the accident occur? In the course of employmentWhat part of the body was affected? Whole body, Internal OrgansWhat is the nature of the injury? Unknown Return-to-work date³ UnknownIs a *Petition for an Immediate Hearing* attached? Yes ☐ No ☒Is the injured employee currently receiving temporary total disability benefits? Yes ☐ No ☒

If a prior application was ever filed for this employee, list the case number and its status _____

ATTENTION, PETITIONER. This is a legal document. Be sure all blanks are completed correctly and you understand the statements before you sign this. Refer to the Commission's *Handbook on Workers' Compensation and Occupational Diseases*⁴ for more information.Netto Brown
Signature of petitioner2/16/15
DateAPPEARANCE OF PETITIONER'S ATTORNEY
Please attach a copy of the *Attorney Representation Agreement*.Adam J. Burnett
Signature of attorneyAdam J. Burnett, #4920
Attorney's name and IC code #⁵ (please print)Burnett and Caron, Ltd.
Firm name1776 Legacy Circle, Suite 116
Street addressNaperville, IL 60563
City, State, Zip code630-355-8686 ajb@burnettcaron.com
Telephone number E-mail address

Car it was Damage
Total The other driver kept
ON going did not stop
when I went to court my
case was dealt with like
I did something when I Almost
lost my LIFE I did nothing
wrong where is my Justice
~~My~~ Equal Right I Just
got Hit again going to
work May 2017 coming
Home again from work
I FEEL and know this
was ~~ATTEMPT~~ MURDER ON
my LIFE

SETTLEMENT AGREEMENT AND GENERAL RELEASE

This Settlement Agreement and General Release (the “**Agreement**”) is made and entered into on November __, 2015 by and between Netto Vaughn Brown (“**Netto**”), Individually and as Special Representative of the Estate of Israel Gareave-Brown (the “**Estate**”), a Minor, Deceased (collectively Netto and the Estate are referred to as “**Plaintiffs**”), Netto on behalf of his two minor children Aeisha Brown and Latesha Brown, and Carrie Gareave, individually and as a beneficiary of the Estate (“**Carrie**”) on the one hand, and Nilsa Campos (“**Campos**”) and the University of Chicago Medical Center (“**UCMC**”), on the other (collectively, “**Defendants**”). (Netto, the Estate, Carrie, Campos and UCMC may be individually referred to as a “**Party**” or collectively as the “**Parties**”). In consideration of the mutual promises and covenants contained herein the Parties agree as follows:

RECITALS

WHEREAS, on or about May 10, 2011, Israel was born and received medical care and treatment from UCMC, Campos and/or other UCMC physicians or employees from May 10, 2011 through September 27, 2011;

WHEREAS, Plaintiffs filed a Charge of Discrimination with the Illinois Department of Human Rights (“**IDHR**”), Charge No. 2012 CP 2091 (the “**Charge**”), alleging that UCMC discriminated against Netto based on his race, in violation of the Illinois Human Rights Act (“**IHRA**”), 775 ILCS 5/1-101 et seq., by restricting his access to UCMC, a place of public accommodation;

WHEREAS, on January 18, 2013, the IDHR issued a Notice of Substantial Evidence permitting Plaintiffs to commence a civil action in the appropriate state circuit court;

(b) An IRS Form 1099 will be issued for the amount described in subparagraph (a). Plaintiffs agree that they are solely responsible for the payment of any and all taxes related to the Settlement Payment.

(c) For the purposes of this Agreement, counsel for Defendants (Randall Lending) can be contacted at 312-609-7564 and rlending@vedderprice.com.

(d) Plaintiffs agree that, with the exception of the Settlement Payment, they are not entitled to any payments from Defendants of any kind, including but not limited to any payments for damages of any type, including but not limited to compensatory, liquidated, emotional distress or punitive damages, attorneys' fees, costs or other payments.

3. Mediation Costs. Defendants and/or their insurers shall pay all of the costs of the mediation which took place at ADR Systems on November 5, 2015.

4. Written Apology. Campos apologizes to Netto and Israel for any indignity, disrespect or pain that they may have sustained as a result of any actions she may have taken between May 10, 2011 and September 27, 2011. Campos never intended to hurt Plaintiffs.

5. Representations. Netto represents he has two living children, Aeisha Brown and Latesha Brown, both of whom are minors and reside in Jamaica. Netto further represents that he has full authority as father of Aeisha Brown and Latesha Brown to enter into this Agreement on their behalf and represents and warrants that as Special Representative of the Estate, he will make all distributions to heirs of the Estate in accordance with Illinois intestacy laws. Carrie represents she has no living children. Netto and Carrie understand that the aforementioned representations are material to Defendants agreement to make the Settlement Payment and agree that a breach of these representations would subject them to liability for damages, including disgorgement to UCMC of any amount of the Settlement Payment they received.



I Came Home yesterday May 3-2018
Hoffman police also kick off my
~~door~~ fence ~~to~~ ON 4-29-2018

1108277

DUE DATE - WITHIN
10 DAYS OF THIS
NOTICE YOU MUST
PAY THE FINE

You may, BEFORE DUE DATE
(1) Mail check or money order
for the fine amount in this
envelope, or
(2) Pay in person at 1600 Hassel
Road, Hoffman Estates, IL
60169 or
(3) Pay on-line at
www.hoffmanestates.org

OR

APPEAR AT THE
HEARING ON

5-4-15
Month/Day/Year

7:00 PM
Time

☐ Must appear at hearing

HEARING LOCATION

Hoffman Estates Police Dept.
411 W. Higgins Road
Hoffman Estates, IL 60169

Do Not Send Cash

HE1098317

DUE DATE - WITHIN
10 DAYS OF THIS
NOTICE YOU MUST
PAY THE FINE

You may, BEFORE DUE DATE:
(1) Mail check or money order
for the fine amount in this
envelope, or
(2) Pay in person at 1600 Hassel
Road, Hoffman Estates, IL
60169 or
(3) Pay on-line at
www.hoffmanestates.org

OR

APPEAR AT THE
HEARING ON

7-2-14
Month/Day/Year

7:00 PM
Time

☐ Must appear at hearing

HEARING LOCATION

Hoffman Estates Police Dept.
411 W. Higgins Road
Hoffman Estates, IL 60169

Do Not Send Cash

4 15 15 9:00 PM 11-2 IL 60169
3 15 15 11-2 IL 60169
3 15 15 11-2 IL 60169

at: Defendant herein, did violate the below local ordinance

S60 Fine

S60 Fine

- ☒ Parked with expired plates (XP)
- ☐ Parked "no parking this side" (NPS)
- ☐ Parked blocking snow removal (BSR)
- ☐ Parked over 72 hours (S72)

- ☐ Failure to wear seat belt (SB)
- ☐ Expired license plates (EXP)
- ☐ Parked in fire lane (FL)
- ☐ Drivers license not on person (DLP)
- ☐ Tinted/obstructed windows (OW)
- ☐ Disorderly Conduct (DC)

☐ Other: Fine \$

Local Ordinance Section: Violation Code

Make	Year	License Number	State	Month/Year
Chevrolet	1988	K319968	IL	11/14

Officer: Badge # 979

VIOLATION NOTICE VILLAGE OF HOFFMAN ESTATES

The Court has ruled above as follows on each section:

on: 7-1-14 4:00 PM Brown, Robert
2225 Hamilton
Hoffman Estates, IL 60169

at: 2221 Hamilton

S60 Fine

S60 Fine

- ☒ Parked with expired plates (XP)
- ☐ Parked "no parking this side" (NPS)
- ☐ Parked blocking snow removal (BSR)
- ☐ Parked over 72 hours (S72)

- ☐ Failure to wear seat belt (SB)
- ☐ Expired license plates (EXP)
- ☐ Parked in fire lane (FL)
- ☐ Drivers license not on person (DLP)
- ☐ Tinted/obstructed windows (OW)
- ☐ Disorderly Conduct (DC)

☐ Other: Fine \$

Local Ordinance Section: Violation Code

Make	Year	License Number	State	Month/Year
Honda	1996	L446439	IL	3/15

Officer: Badge # 215

STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS

CHICAGO OFFICE
100 RANDOLPH STREET
SUITE 10-100 INTAKE UNIT
CHICAGO, ILLINOIS 60601
(312) 814-6200

SPRINGFIELD OFFICE
DEPARTMENT OF HUMAN RIGHTS
222 SOUTH COLLEGE, ROOM 101
SPRINGFIELD, ILLINOIS 62704
(217) 785-5100

CHARGE NO: 2017CP3281
Control #: 18M0705.06

CHARGE OF DISCRIMINATION

I, Netto Brown, 2225 Harwinton Place, Hoffman Estates, Illinois 60169, (847) 840-4711, believe that I have been personally aggrieved by a civil rights violation committed on 5/31/17 and 6/1/17 by:

RESPONDENT

St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, Illinois 60169
(847) 843-2000
Cook

The particulars of the alleged civil rights violation are as follows:

IDHR INTAKE JCA
JAN 2 '18 PM 1:57

[SEE ATTACHED]

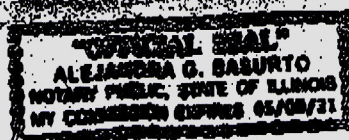
I, Netto Brown, on oath or affirmation state that I am the Complainant herein, that I have read the foregoing charge and know the contents thereof, and that the same is true and correct to the best of my knowledge.

Netto Brown
Complainant's Signature/Date

Subscribed and Sworn to

Before me this 2 day

Of December, 2017
Alejandro G. Basurto
NOTARY PUBLIC SIGNATURE



"return this copy"

HOFFMAN ESTATES POLICE DEPARTMENT

INTERNAL INVESTIGATIONS

COMPLAINT RECEIPT FORM

C. R. NO. _____ S.C. NO. _____ DATE 2-29-2018
COMPLAINANT _____ SEX Male RACE B DOB: 5-20-1979

ADDRESS 2225 Hobart CITY Indianapolis STATE IN TX 847 840-4711

MANNER COMPLAINT TAKEN: IN PERSON _____ TELEPHONE _____ LETTER _____

COMPLAINT CATEGORY: _____

LOCATION OF INCIDENT: Bethington square DATE: _____ TIME: _____

ACCUSED MEMBER Officer Hoffman police # _____

ISSUING OFFICER'S SIGNATURE: 2-29-2018 DATE 2-29-2018

COMPLAINANT'S SIGNATURE: Netto Brown DATE _____

I was NOT doing anything
He said by me have my lights on
my car look suspicious I pay my associat
fee there

PREPARE IN DUPLICATE:

Original copy to complainant.
Copy to investigator's file.

HE-41

Li. Com Brown
847 781-2807

HOFFMAN ESTATES POLICE DEPARTMENT INTERNAL INVESTIGATIONS

APPENDIX A

COMPLAINT RECEIPT FORM

C. R. NO. _____ S.C. NO. _____ DATE 5.8.17

COMPLAINANT Netto Braun SEX M RACE B DOB: 5.20.79

ADDRESS 2225 Hammiton CITY HEIL STATE TX 60169

MANNER COMPLAINT TAKEN: IN PERSON ☒ TELEPHONE _____ LETTER _____

COMPLAINT CATEGORY: Harassment

LOCATION OF INCIDENT: Garibaldi's DATE: See Comp TIME _____

ACCUSED MEMBER Sean Kenost # 266

ISSUING OFFICER'S SIGNATURE: MA Lan for Hussmann DATE 5.8.17

COMPLAINANT'S SIGNATURE: X Netto Braun DATE 5.8.17

This is officer got investigate

PREPARE IN DUPLICATE:

Original copy to complainant.
Copy to investigator's file.

HE-41

for searching me TEN TIME as I sit in
my car at the pond. I was NEVER
ARREST He kept on doing UNTIL He was
being INVESTIGATE By INTERNAL

VILLAGE OF SCHAUMBURG Complaint Receipt Form

Complaint Receipt #: _____ Related RD Number: _____
Date/Time of Incident: 4-23-2017 Date/Time Reported: _____
Complainant: _____ Telephone Number: _____
Date of Birth: 5-20-79
Address: 2225 Harwin on place Hoffman
Witness: _____ Telephone Number: _____
Address: _____
Witness: _____ Telephone Number: _____
Address: _____
Witness: _____ Telephone Number: _____
Address: _____

Complaint Description:

Please be as detailed as possible, use a separate page if necessary.

I Was in my car again
By Schaumburgh Schaumburgh police
PULL me out Two OFFICER
search me and my car TRUNK
For NO Reason This is my
CIVIL Right Taken Everyday
By OFFICER out here

Since I went and complaint
about this situation Thats happen it

HOFFMAN ESTATES POLICE DEPARTMENT INTERNAL INVESTIGATIONS

APPENDIX A

COMPLAINT RECEIPT FORM

C. R. NO. _____ S.C. NO. _____ DATE _____

COMPLAINANT Netto Brown SEX M RACE Black DOB: 5-20-79

ADDRESS 2225 Hawthorn CITY Hoffman STATE TX 847-840-4711

MANNER COMPLAINT TAKEN: IN PERSON _____ TELEPHONE _____ LETTER _____

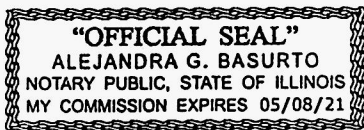
COMPLAINT CATEGORY: _____

LOCATION OF INCIDENT: Hoffman DATE: 5-5-2018 TIME 8 pm

ACCUSED MEMBER _____ # _____

ISSUING OFFICER'S SIGNATURE: _____ DATE _____

COMPLAINANT'S SIGNATURE Netto Brown DATE 5/6/18
State of Illinois



County of COOK

Signed and attested before me on 5/6/18 (Date) by

Netto V. Brown

(Name/s of person/s)

PREPARE IN DUPLICATE:

Original copy to complainant.
Copy to investigator's file.

Alejandra G. Basurto
(Signature of Notary Public)

HE-41

NARRATIVE CONTINUED: He then change the motive to whole different story By saying someone said I was smoking weed ~~in my~~ so I ask him do u smell weed and why are you at my house harrasing me. I was at my house they come to my house to cause problem while I was sleeping they did this for no reason last week they kick off my fence now this week they come to my house and knock and did this unconstitutionalize I fear for my life from these officer Hoffman estate police and there village all Raccally profile

A false complaint or a complaint where the complainant knows that there are no reasonable grounds for such report can subject the complainant to criminal penalties or civil suit.

I Have not been doing nothing wrong they always been doing this
Netto Brown

COMPLAINANT'S SIGNATURE

5-6-2018

DATE

COMPLAINT RESOLVED _____

COMPLAINT REQUIRES ADDITIONAL FOLLOW UP _____

SUPERVISOR'S SIGNATURE _____ # _____

State of Illinois

APPROVED () NOT APPROVED () County of COOK

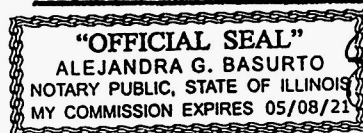
Signed and attested before me on 5/6/18 (Date) by

Netto V. Brown

(name/s of person/s)

BUREAU CHIEF _____

HE-42



Signature of Notary Public

(Page 2)

APPENDIX B
REPORT OF INQUIRY

C.R. NO. _____ S. C. NO. _____ DATE _____
 COMPLAINANT Netto Brown SEX Male RACE Black DOB 5-20-79
 ADDRESS 2225 Hawthorn CITY _____ STATE ILL TX 847-840 4711
 COMPLAINT RECEIVED BY _____ # _____ DATE _____ TIME _____
 MANNER COMPLAINT TAKEN: IN PERSON _____ TELEPHONE _____ LETTER _____
 COMPLAINT CATEGORY: _____
 LOCATION OF INCIDENT Hoffman DATE 5-5-2018 TIME 8:00
 ACCUSED MEMBER OFFICER IN white shirt # _____
Sergeant
 WITNESSES: _____ TX _____
 _____ TX _____
 _____ TX _____

NARRATIVE: I was At my House OFFICER
with white shirt came Down ON my
Street park IN front OF my House. I Ask
Him is there a problem. Then. He said there
was something wrong with some Vehicle so
I Ask Him I need to move out can u please
Remove your Vehicle From in Front OF my
driveway. When I went to put ON my shoes
He knock at my door AND say something ELSE
ELSE



Contusion Discharge Instructions

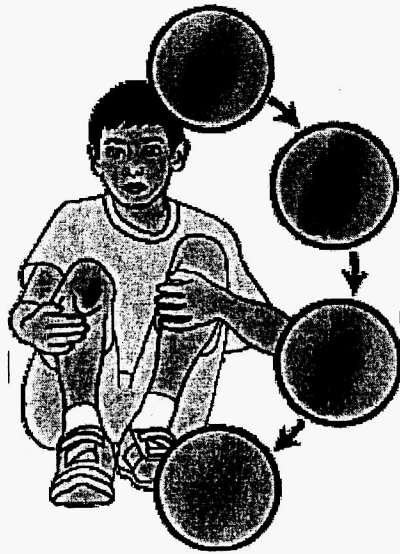
Printed on 2017-05-26

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

About this topic

A contusion is also called a bruise. If you have a minor accident, you may see an area of skin discoloration. Small blood vessels break and leak blood under the skin. A fall, bump, or being hit can cause a bruise.

How a Bruise Heals



What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.
- Place an ice pack or a bag of frozen peas wrapped in a towel over the injured part. Never put ice right on the skin. You may place the ice pack over the area every 2 hours to help the area feel better. Do not leave the ice on for more than 10 to 15 minutes at a time.
- Rest the hurt body part on a couch or pillow above the level of your heart to lower swelling.
- Do not rub your contusion. This may make it hurt more when you touch it. It may also make the area of contusion bigger.

What follow-up care is needed?

Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.

What drugs may be needed?

The doctor may order drugs to:

- Help with pain and swelling